GENETICIST EXPERTISE

MEDICAL LABORATORY Q&A

2025

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Q1. Hb = 7.5 G/Dl, MCV = 105 Fl. Interpretation?
A) Iron Deficiency Anemia
B) Vitamin B12/Folate Deficiency Anemia
C) Acute Blood Loss Anemia
D) Thalassemia Minor

Q2. WBC = 22,000/µl, Neutrophils 90%.
A) Viral Infection
B) Bacterial Infection
C) Parasitic Infection
D) Leukopenia

Q3. Platelets = 50,000/µl.
A) Thrombo cytosis
B) Normal
C) Thrombocytopenia – Risk Of Bleeding
D) Pseudo thrombo cytopenia

Q4. Hb = 9 G/Dl, MCV = 70 Fl, Ferritin = 10 Ng/Ml.
A) Iron Deficiency Anemia
B) Vitamin B12 Deficiency
C) Thalassemia Minor
D) Sideroblastic Anemia

Q5. WBC = 4,000/µl, Lymphocytes 60%, Neutrophils 30%.
A) Viral Infection
B) Bacterial Infection
C) Leukemia
D) Normal

Q6. Hb = 11 G/Dl, MCV = 85 Fl.
A) Microcytic Anemia
B) Normocytic Anemia
C) Macrocytic Anemia
D) Hemolytic Anemia

Q7. Reticulocyte Count High, Hb Low.
A) Aplastic Anemia
B) Hemolytic Anemia
C) Iron Deficiency
D) Chronic Disease Anemia

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Q8. Neutrophils = 1,000/µl (Low).
A) Neutropenia
B) Leukocytosis
C) Lymphocytosis
D) Normal

Q9. RBC = 6.0 ×10^6/µl, Hb = 18 G/Dl.
A) Polycythemia
B) Anemia
C) Thalassemia
D) Normal
Answer: A

Q10. Hb = 13 G/Dl, MCV = 120 Fl.
A) Microcytic Anemia
B) Macrocytic Anemia
C) Normocytic Anemia
D) Hemolytic Anemia

Q11. RDW High, MCV Low.
A) Thalassemia Minor
B) Iron Deficiency Anemia
C) B12 Deficiency
D) Hemolytic Anemia

Q12. Platelets = 700,000/µl.
A) Thrombo cytopenia
B) Thrombo cytosis
C) Normal
D) Pseudo thrombo cytopenia

Q13. WBC = 15,000/µl, Lymphocytes 70%.
A) Bacterial Infection
B) Viral Infection
C) Allergic Reaction
D) Leukopenia

Q14. Hb = 8 G/Dl, MCV = 65 Fl, Hb Electrophoresis Shows Beta Thalassemia Pattern.
A) Iron Deficiency Anemia
B) Beta-Thalassemia Minor

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C) Megaloblastic Anemia
D) Hemolytic Anemia

Q15. Reticulocyte Count Low, Hb Low.
A) Hemolytic Anemia
B) Aplastic Anemia
C) Iron Deficiency
D) Thalassemia

Q16. Fasting Glucose = 118 Mg/Dl.
A) Normal
B) Prediabetes
C) Diabetes Mellitus
D) Hypoglycemia

Q17. Hba1c = 9.2%.
A) Normal
B) Prediabetes
C) Poorly Controlled Diabetes
D) Acute Stress Hyperglycemia

Q18. Serum Sodium = 128 Mmol/L.
A) Hyponatremia
B) Hyper natremia
C) Normal
D) Hypokalemia

Q19. Serum Potassium = 6.8 Mmol/L.
A) Hypokalemia
B) Hyperkalemia – Risk Of Arrhythmia
C) Normal
D) Mild Dehydration

Q20. Total Cholesterol = 280 Mg/Dl, LDL = 190 Mg/Dl, HDL = 30 Mg/Dl.
A) Normal
B) Mixed Hyperlipidemia
C) Low Cardiovascular Risk
D) Hyper alpha lipo proteinemia

Q21. Triglycerides = 450 Mg/Dl.
A) Normal

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B) Hypertriglyceridemia
C) Low Triglycerides
D) Hypolipidemia

Q22. BUN = 45 Mg/Dl, Creatinine = 1.0 Mg/Dl.
A) Dehydration
B) Chronic Kidney Disease
C) Acute Renal Failure
D) Normal

Q23. Serum Calcium = 6.5 Mg/Dl.
A) Hypocalcemia
B) Hypercalcemia
C) Normal
D) Pseudohypocalcemia

Q24. Serum Phosphate = 6.0 Mg/Dl.
A) Hyperphosphatemia
B) Hypophosphatemia
C) Normal
D) False High

Q25. Serum Magnesium = 1.0 Mg/Dl (Low).
A) Hypomagnesemia
B) Hypermagnesemia
C) Normal
D) Lab Error

Q26. Serum Uric Acid = 9 Mg/Dl.
A) Normal
B) Hyperuricemia – Gout Risk
C) Hypouricemia
D) Lab Error

Q27. Serum Albumin = 2.0 G/Dl.
A) Normal
B) Hypoalbuminemia
C) Hyperalbuminemia
D) Lab Error

Q28. Total Protein = 9.0 G/Dl.

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A) Normal
B) Hyperproteinemia
C) Hypoproteinemia
D) Lab Error

Q29. Serum AST = 250 U/L, ALT = 270 U/L, ALP Normal.
A) Cholestasis
B) Hepatocellular Injury
C) Hemolysis
D) Normal

Q30. Serum Bilirubin = 5 Mg/Dl, Direct = 3 Mg/Dl.
A) Hemolysis
B) Cholestasis
C) Hepatocellular Injury
D) Normal

Q31. ALT = 180 U/L, AST = 200 U/L, ALP Normal, Bilirubin Normal.
A) Cholestasis
B) Hepatocellular Injury
C) Hemolytic Jaundice
D) Normal

Q32. ALP = 420 U/L, GGT = 350 U/L, ALT Normal.
A) Biliary Obstruction
B) Hepatitis
C) Hemolysis
D) Cirrhosis

Q33. Total Bilirubin = 4 Mg/Dl, Direct = 0.3 Mg/Dl.
A) Hemolytic Anemia
B) Hepatocellular Injury
C) Cholestasis
D) Normal

Q34. Albumin = 2.5 G/Dl, PT Prolonged.
A) Acute Hepatitis
B) Chronic Liver Disease / Cirrhosis
C) Hemolysis
D) Normal

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Q35. AST:ALT Ratio > 2, History Of Alcohol Use.
A) Alcoholic Liver Disease
B) Viral Hepatitis
C) Hemochromatosis
D) Normal

Q36. GGT Elevated, ALP Normal.
A) Cholestasis
B) Alcoholic Liver Injury
C) Hemolysis
D) Normal

Q37. ALT Mildly Elevated, AST Normal.
A) Viral Hepatitis
B) Non-Alcoholic Fatty Liver
C) Cholestasis
D) Normal

Q38. Bilirubin Total 3 Mg/Dl, Direct 2.8 Mg/Dl.
A) Prehepatic Jaundice
B) Hepatic Jaundice
C) Posthepatic Jaundice
D) Normal

Q39. ALP Normal, ALT/AST Slightly Elevated.
A) Hepatitis
B) Cholestasis
C) Cirrhosis
D) Normal

Q40. Albumin Normal, PT Normal, ALT/AST High.
A) Acute Hepatitis
B) Chronic Liver Disease
C) Cirrhosis
D) Hemolysis

Q41. ALT = 400 U/L, AST = 380 U/L, Bilirubin 1.5 Mg/Dl.
A) Acute Viral Hepatitis
B) Cholestasis
C) Hemolytic Anemia
D) Normal

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Q42. ALP = 600 U/L, GGT = 500 U/L, Bilirubin = 4 Mg/Dl.
A) Biliary Obstruction
B) Hepatocellular Injury
C) Hemolytic Anemia
D) Normal

Q43. Bilirubin = 1 Mg/Dl, ALT/AST Normal, ALP Slightly High.
A) Early Cholestasis
B) Hepatitis
C) Hemolysis
D) Normal

Q44. Albumin = 1.8 G/Dl, PT Prolonged, ALT/AST Normal.
A) Chronic Liver Disease / Cirrhosis
B) Acute Hepatitis
C) Hemolysis
D) Normal

Q45. AST = 50 U/L, ALT = 55 U/L, ALP Normal.
A) Normal Liver Function
B) Mild Hepatocellular Injury
C) Cholestasis
D) Cirrhosis

Q46. Creatinine = 3.5 Mg/Dl, BUN = 70 Mg/Dl, Egfr = 25 Ml/Min.
A) Normal
B) Chronic Kidney Disease Stage 4
C) Acute Kidney Injury
D) Dehydration

Q47. Urinalysis: Protein 3+, Fatty Casts.
A) UTI
B) Nephrotic Syndrome
C) Kidney Stone
D) ATN

Q48. BUN/Creatinine Ratio = 25:1, Patient Dehydrated.
A) Prerenal Azotemia
B) Intrinsic Renal Disease

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C) Postrenal Obstruction
D) Normal

Q49. Serum Potassium = 2.8 Mmol/L.
A) Hyperkalemia
B) Hypokalemia – Risk Of Arrhythmia
C) Normal
D) Mild Dehydration

Q50. Creatinine = 1.0 Mg/Dl, BUN = 30 Mg/Dl.
A) Pre-Renal Azotemia
B) Dehydration
C) Normal
D) Renal Failure

Q51. Egfr = 55 Ml/Min, Proteinuria Negative.
A) CKD Stage 3
B) CKD Stage 2
C) Normal
D) CKD Stage 4

Q52. Serum Sodium = 132 Mmol/L, BUN = 45 Mg/Dl.
A) Hyponatremia Due To Renal Loss
B) Hypernatremia
C) Normal
D) Hypokalemia

Q53. Urine Specific Gravity = 1.010.
A) Isosthenuria – CKD
B) Normal
C) Concentrated Urine
D) Dilute Urine

Q54. Creatinine Rises From 1.0 → 2.5 Mg/Dl In 2 Days.
A) CKD
B) Acute Kidney Injury
C) Dehydration
D) Normal

Q55. Urine Microscopy: RBC Casts.
A) Nephritic Syndrome

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B) Nephrotic Syndrome
C) UTI
D) Kidney Stones

Q56. BUN = 60 Mg/Dl, Creatinine = 2.0 Mg/Dl, Ratio = 15:1.
A) Prerenal
B) Intrinsic Renal
C) Postrenal
D) Normal

Q57. Serum Phosphate = 6.5 Mg/Dl.
A) CKD
B) Acute Kidney Injury
C) Normal
D) Hypophosphatemia

Q58. Egfr = 20 Ml/Min, Creatinine = 4 Mg/Dl.
A) CKD Stage 5
B) CKD Stage 4
C) Acute Kidney Injury
D) Normal

Q59. Urinalysis: WBC 0–2, RBC 0–1, Protein Negative.
A) Normal
B) Infection
C) Nephrotic Syndrome
D) CKD

Q60. Serum Uric Acid = 10 Mg/Dl, Creatinine Normal.
A) CKD
B) Hyperuricemia
C) Hypouricemia
D) Lab Error

Q61. TSH = 6.5 Miu/L, Free T4 Normal.
A) Overt Hypothyroidism
B) Subclinical Hypothyroidism
C) Hyperthyroidism
D) Normal

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Q62. Cortisol 8 AM = 2 µg/Dl.
A) Addison's Disease
B) Cushing's Syndrome
C) Normal
D) Hyperaldosteronism

Q63. Hba1c = 9.2%.
A) Normal
B) Prediabetes
C) Poorly Controlled Diabetes
D) Stress Hyperglycemia

Q64. TSH <0.01 Miu/L, Free T4 = 3.0 Ng/Dl.
A) Hypothyroidism
B) Hyperthyroidism
C) Subclinical Hypothyroidism
D) Normal

Q65. Fasting Insulin Elevated, Glucose Normal.
A) Insulin Resistance
B) Diabetes Mellitus
C) Hypoglycemia
D) Normal

Q66. Serum PTH = 200 Pg/Ml, Calcium = 11 Mg/Dl.
A) Primary Hyperparathyroidism
B) Hypoparathyroidism
C) Secondary Hyperparathyroidism
D) Normal

Q67. TSH = 0.5 Miu/L, Free T4 Low.
A) Secondary Hypothyroidism
B) Hyperthyroidism
C) Primary Hypothyroidism
D) Normal

Q68. Morning Cortisol = 35 µg/Dl.
A) Cushing's Syndrome
B) Addison's Disease
C) Normal
D) Stress Response

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Q69. Fasting Glucose = 70 Mg/Dl, Insulin High.
A) Hypoglycemia Due To Insulinoma
B) Diabetes Mellitus
C) Normal
D) Adrenal Insufficiency

Q70. ACTH High, Cortisol Low.
A) Primary Adrenal Insufficiency
B) Secondary Adrenal Insufficiency
C) Cushing's
D) Normal

Q71. Serum T3 High, T4 High, TSH Low.
A) Primary Hypothyroidism
B) Hyperthyroidism
C) Subclinical Hypothyroidism
D) Normal

Q72. Fasting Glucose = 130 Mg/Dl, 2h OGTT = 200 Mg/Dl.
A) Normal
B) Diabetes Mellitus
C) Prediabetes
D) Hypoglycemia

Q73. Serum Testosterone Low, LH High.
A) Primary Hypogonadism
B) Secondary Hypogonadism
C) Normal
D) Hypergonadism

Q74. Serum TSH High, T4 Low, T3 Normal.
A) Hypothyroidism
B) Hyperthyroidism
C) Euthyroid Sick Syndrome
D) Normal

Q75. Fasting Cortisol = 1 µg/Dl, ACTH Low.
A) Primary Adrenal Insufficiency
B) Secondary Adrenal Insufficiency
C) Cushing's
D) Normal

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Q76. Ph = 7.55, Pco_2 = 28 Mmhg, HCO_3^- = 22 Mmol/L.
A) Respiratory Alkalosis
B) Respiratory Acidosis
C) Metabolic Alkalosis
D) Mixed Disorder

Q77. Ph = 7.20, HCO_3^- = 12 Mmol/L, Pco_2 = 25 Mmhg.
A) Metabolic Acidosis With Compensation
B) Respiratory Alkalosis
C) Respiratory Acidosis
D) Metabolic Alkalosis

Q78. Ph = 7.32, Pco_2 = 55 Mmhg, HCO_3^- = 26 Mmol/L.
A) Respiratory Acidosis
B) Metabolic Acidosis
C) Metabolic Alkalosis
D) Mixed Disorder

Q79. Ph = 7.48, Pco_2 = 40 Mmhg, HCO_3^- = 32 Mmol/L.
A) Metabolic Alkalosis
B) Respiratory Alkalosis
C) Respiratory Acidosis
D) Normal

Q80. Ph = 7.10, Pco_2 = 60 Mmhg, HCO_3^- = 20 Mmol/L.
A) Mixed Acidosis
B) Respiratory Alkalosis
C) Metabolic Alkalosis
D) Normal

Q81. Ph = 7.25, HCO_3^- = 16 Mmol/L, Pco_2 = 30 Mmhg.
A) Metabolic Acidosis With Compensation
B) Respiratory Alkalosis
C) Respiratory Acidosis
D) Metabolic Alkalosis

Q82. Ph = 7.50, Pco_2 = 20 Mmhg, HCO_3^- = 24 Mmol/L.
A) Respiratory Alkalosis
B) Respiratory Acidosis
C) Metabolic Alkalosis
D) Normal

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Q83. Ph = 7.38, Pco_2 = 50 Mmhg, HCO_3^- = 30 Mmol/L.
A) Compensated Respiratory Acidosis
B) Metabolic Alkalosis
C) Respiratory Alkalosis
D) Normal

Q84. Ph = 7.60, Pco_2 = 25 Mmhg, HCO_3^- = 36 Mmol/L.
A) Mixed Alkalosis
B) Respiratory Alkalosis
C) Metabolic Alkalosis
D) Normal

Q85. Ph = 7.18, Pco_2 = 80 Mmhg, HCO_3^- = 25 Mmol/L.
A) Respiratory Acidosis
B) Metabolic Acidosis
C) Mixed Acidosis
D) Normal

Q86. Chest Pain, Troponin I = 4.0 Ng/Ml.
A) Stable Angina
B) Myocardial Infarction
C) Normal
D) Heart Failure

Q87. Serum Amylase = 600 U/L, Lipase = 750 U/L.
A) Acute Pancreatitis
B) Acute Hepatitis
C) Cholelithiasis
D) Gastritis

Q88. Hb = 10 G/Dl, MCV = 72 Fl, Ferritin = 8 Ng/Ml.
A) Anemia Of Chronic Disease
B) Iron Deficiency Anemia
C) Thalassemia Minor
D) Sideroblastic Anemia

Q89. ESR = 80 Mm/Hr, CRP = 60 Mg/L.
A) Normal
B) Strong Evidence Of Inflammation
C) Viral Infection Only
D) Low Probability Infection

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Q90. Serum Potassium = 6.8 Mmol/L.
A) Hypokalemia
B) Hyperkalemia – Risk Of Arrhythmia
C) Normal
D) Mild Dehydration

Q91. Fever, WBC = 18,000, Neutrophils 85%.
A) Viral Infection
B) Bacterial Infection
C) Normal
D) Leukopenia

Q92. Fatty Liver Enzymes: ALT Mildly Elevated, AST Normal.
A) NAFLD
B) Hepatitis
C) Cholestasis
D) Cirrhosis

Q93. Proteinuria 4+, Edema, Hypoalbuminemia.
A) Nephrotic Syndrome
B) CKD
C) UTI
D) Normal

Q94. Hypotension, BUN 60, Creatinine 2.5.
A) CKD
B) Pre-Renal AKI
C) Hypernatremia
D) Normal

Q95. Vomiting, Ph = 7.50, HCO_3^- = 36.
A) Metabolic Alkalosis
B) Metabolic Acidosis
C) Respiratory Alkalosis
D) Normal

Q96. Patient With Jaundice, Bilirubin Total = 5, Direct = 3.
A) Prehepatic
B) Hepatic
C) Posthepatic
D) Normal

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Q97. Hypoglycemia, Insulin High, Glucose Low.
A) Insulinoma
B) Diabetes
C) Normal
D) Addison's

Q98. ALT = 500, AST = 480, Bilirubin = 2.
A) Acute Viral Hepatitis
B) Cholestasis
C) Hemolysis
D) Normal

Q99. Hypernatremia Na^+ = 155, Dehydration.
A) Hypernatremia Due To Water Loss
B) Hyponatremia
C) Normal
D) Hypokalemia

Q100. Patient CKD Stage 5, Creatinine = 7 Mg/Dl, Egfr = 10.
A) CKD Stage 3
B) CKD Stage 5
C) AKI
D) Normal

Q101. Hb = 8 G/Dl, MCV = 72 Fl, RDW = 18%, Hba2 Elevated.
A) Iron Deficiency Anemia
B) Beta-Thalassemia Minor
C) Megaloblastic Anemia
D) Sideroblastic Anemia

Q102. WBC = 2,500/µl, Lymphocytes = 80%, Neutrophils = 10%, Recent Viral Infection.
A) Leukemia
B) Viral Lymphocytosis
C) Bacterial Infection
D) Normal

Q103. Platelets = 450,000/µl, Hb = 12 G/Dl, MPV = 11 Fl.
A) Reactive Thrombocytosis
B) Essential Thrombocythemia

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C) ITP
D) Normal

Q104. Reticulocyte Count Low, Hb = 9 G/Dl, MCV = 110 Fl, B12 Low, Folate Normal.
A) Iron Deficiency Anemia
B) B12 Deficiency Anemia
C) Folate Deficiency Anemia
D) Hemolytic Anemia

Q105. RBC = 5.5×10^6/µl, Hb = 18 G/Dl, Hct = 55%, O_2 Sat Normal, High Altitude.
A) Polycythemia Vera
B) Secondary Polycythemia
C) Hemoconcentration
D) Normal

Q106. WBC = 40,000/µl, Neutrophils 90%, Bands 15%, Toxic Granulation Present.
A) Bacterial Infection
B) Viral Infection
C) Leukemoid Reaction
D) Normal

Q107. Hb = 6 G/Dl, Reticulocyte = 15%, LDH High, Indirect Bilirubin High.
A) Iron Deficiency
B) Hemolytic Anemia
C) Aplastic Anemia
D) Chronic Disease Anemia
Answer: B

Q108. CKD Stage 5, Creatinine = 8 Mg/Dl, Egfr = 10.
A) CKD Stage 5
B) CKD Stage 3
C) AKI
D) Normal

Q109. WBC = 15,000, Blasts 30%, Anemia, Thrombocytopenia.
A) Acute Leukemia
B) Chronic Infection

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C) Hemolysis
D) Normal

Q110. Hb = 11 G/Dl, MCV = 100 Fl, B12 Normal, Folate Normal, Liver Disease.
A) Macrocytic Anemia Due To Liver Disease
B) Iron Deficiency
C) Hemolytic Anemia
D) Thalassemia

Q111. Platelets = 50,000/µl, Schistocytes Present.
A) ITP
B) TTP/HUS
C) Drug-Induced Thrombocytopenia
D) Normal

Q112. Hb = 13 G/Dl, MCV = 70 Fl, RDW Normal.
A) Iron Deficiency Anemia
B) Beta-Thalassemia Minor
C) Sideroblastic Anemia
D) Megaloblastic Anemia

Q113. WBC = 25,000/µl, Lymphocytes 80%, Smudge Cells Present.
A) CLL
B) Viral Infection
C) Bacterial Infection
D) Normal

Q114. Hb = 9 G/Dl, MCV = 72 Fl, Ferritin Low, TIBC High, Transferrin Saturation Low.
A) Iron Deficiency
B) Anemia Of Chronic Disease
C) Thalassemia
D) Megaloblastic Anemia

Q115. Hb = 10 G/Dl, MCV = 85 Fl, Reticulocytes Low, Chemotherapy Patient.
A) Hemolytic Anemia
B) Aplastic Anemia
C) Iron Deficiency
D) Thalassemia

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Q116. What Does QC Stand For In Medical Laboratories?
A) Quantitative Check
B) Quality Control
C) Quick Calibration
D) Quality Calculation

Q117. The Main Purpose Of Quality Control Is:
A) To Reduce Costs
B) To Ensure Accurate And Reliable Test Results
C) To Speed Up Testing
D) To Replace Calibration

Q118. Internal Quality Control (IQC) Is Performed:
A) By External Agencies
B) Daily Within The Laboratory
C) Once Per Year
D) Only During Instrument Installation

Q119. External Quality Assessment (EQA) Is:
A) Conducted Internally
B) Performed By Outside Organizations
C) A One-Time Event
D) Not Necessary For Labs

Q120. Which Of The Following Is An Essential Element Of QC?
A) Randomization
B) Control Samples
C) Speed Of Testing
D) Staff Bonuses

Q121. Control Materials Should Be:
A) Identical To Patient Samples
B) Similar In Composition To Patient Samples
C) Completely Different From Patient Samples
D) Only Water-Based Solutions

Q122. Which Type Of Control Is Used To Check Daily Precision?
A) External Control
B) Internal Control

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C) Patient Sample
D) Reference Standard Only

Q123. Control Materials With Known Values Are Called:
A) Unknowns
B) Calibrators
C) Standards
D) True Controls

Q124. Which Of The Following Is NOT A Characteristic Of A Good Control Material?
A) Stability
B) Homogeneity
C) Inaccuracy
D) Similarity To Patient Samples

Q125. The Main Difference Between Calibrator And Control Is:
A) Controls Set The Reference Point, Calibrators Check Accuracy
B) Calibrators Set The Reference Point, Controls Check Accuracy
C) Both Are Identical
D) Controls Are Always Liquid

Q126. Precision Is Defined As:
A) Closeness To The True Value
B) Reproducibility Of Results
C) A Measure Of Bias
D) Random Variation Only

Q127. Accuracy Is Defined As:
A) Closeness To The True Value
B) Repeatability Of Results
C) A Measure Of Imprecision
D) Difference Between Sds

Q128. A Test That Gives The Same Wrong Result Repeatedly Is:
A) Accurate But Not Precise
B) Precise But Not Accurate
C) Both Accurate And Precise
D) Neither Accurate Nor Precise

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Q129. Bias In QC Refers To:
A) Random Variation
B) Systematic Error Causing Deviation From The True Value
C) Human Preference
D) Control Range Widening

Q130. CV (Coefficient Of Variation) Is Used To Express:
A) Accuracy
B) Precision
C) Sensitivity
D) Specificity

Q131. Random Errors Are Usually Caused By:
A) Instrument Drift
B) Poor Calibration
C) Pipetting Variation
D) Expired Reagents

Q132. Systematic Errors Are Characterized By:
A) Irregular Occurrence
B) Consistent Deviation In One Direction
C) Random Scatter Of Results
D) No Impact On Patient Results

Q133. Clerical Errors Are Examples Of:
A) Pre-Analytical Error
B) Analytical Error
C) Post-Analytical Error
D) Both A And C

Q134. Which Of The Following Is NOT An Analytical Error?
A) Wrong Reagent Preparation
B) Incorrect Pipetting
C) Wrong Sample Labeling
D) Instrument Malfunction

Q135. A Sudden Shift In Levey-Jennings Chart Suggests:
A) Random Error
B) Systematic Error
C) Clerical Error
D) QC In Control

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Q136. QA Is Broader Than QC Because It Includes:
A) Only Internal Checks
B) The Entire Testing Process (Pre, Analytical, Post)
C) Only External Evaluations
D) Just Patient Safety Programs

Q137. Which Of The Following Is Part Of QA But Not QC?
A) Levey-Jennings Chart
B) Proficiency Testing
C) Control Samples
D) Westgard Rules

Q138. ISO 15189 Is An International Standard For:
A) Laboratory Accreditation
B) QC Reagents
C) Medical Devices
D) Patient Safety Manuals

Q139. CAP Stands For:
A) Clinical Analysis Program
B) College Of American Pathologists
C) Central Accreditation Panel
D) Clinical Accreditation Protocol

Q140. CLIA In The USA Regulates:
A) Food Testing Labs
B) Clinical Laboratory Testing
C) Forensic Laboratories Only
D) Veterinary Labs Only

Q141. The Preferred Vein Puncture Site Is The
A)Cephalic Vein
B)Median Cubital Vein
C)Median Basilic Vein
D)Median Cephalic Vein

Q142. A Urine Culture Revealed Rough Irregular Colonies With Pink Precipitate, Gram-Negative Coccobacilli, Lactose Fermenter, Positive For Indole And Gas Production, Motile, Negative For Urea And Citrate. The Most Appropriate Identification Is:

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A) Escherichia Coli
B) Klebsiella Pneumoniae
C) Citrobacter Sp
D) Enterobacter Sp.

Q143. Which Color Bag Should You Use When Disposing Of Clinical Waste?
A-Red
B-Yellow
C-Green
D-Black

Q144. Specimens Requested For Fungi Investigations Are Routinely Cultured On
A-Sabourud Dextrose Agar
B-Blood Agar
C-Chocolate Agar
D-CLED Agar

Q145. The Most Important Step In Tissue Processing:
A-Fixation
B- Clearing
C- Dehydration
D- Embedding

Q146. Which Of The Following Investigations Should Be Done Immediately To Best Confirm A Non Matched Blood Transfusion Reaction?
A-Indirect Combo's Test
B-Direct Combo's Test
C-Antibodies In Patient's Serum
D-Antibody In Donor Serum

Q147. Neutrophil Count Is High In
A-Acute Bacterial Infection
B-Iron Deficiency Anemia
C-Megaloblastic Anemia
D-Viral Infection

Q148. The TFT's Profile That Is More Likely To Be Present In Hyperthyroidism Is

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A-Highft4, Highft3, Low TSH
B-Low FT4, High FT3, Low TSH
C-High FT4, Low FT3, Low TSH
D-High FT4,Normal FT3,Low TSH

Q149. Which Of The Following Specific Gravities Would Be Most Likely To Correlate With A Pale Yellow Urine?
A) 1.005
B) 1.010
C) 1.020
D) 1.030

Q150. What Is The Most Appropriate Fasting Procedure When A Lipid Study Of Triglyceride, Total Cholesterol, HDL Cholesterol, And LDL Cholesterol Tests Are Ordered?
A) 8 Hours; Nothing But Water Allowed
B) 10 Hours; Water, Smoking, Coffee, Tea (No Sugar Or Cream) Allowed
C) 12 Hours; Nothing But Water Allowed
D) 16 Hours; Water, Smoking, Coffee, Tea (No Sugar Or Cream) Allowed

Q151. The Reference Range For CSF Protein Is:
A) 6 To 8 G/Dl
B) 15 To 45 G/Dl
C) 6 To 8 Mg/Dl
D) 15 To 45 Mg/Dl

Q152. Metabolic Acidosis Can Be Detected By Testing Urine For The Presence Of:
A) Proteins
B) Glucose
C) Uric Acid
D) Ketone Bodies

Q153. If You`Re Working In Lab Where Hazardous Liquid Chemicals Are Present, Which Are`Nt Considered Appropriate Personal Protective Equipment For The Situation?
A) Safety Goggles
B) Open -Toed Shoes
C) Long-Sleeved Lab Caot
D) Gloves

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Q154. Allergic Reactions Are Frequently Associated With An Increase In The Presence Of:
A) Lymphocytes
B) Neutrophils
C) Monocytes
D) Eosinophils

Q155. Which Condition Gives Rise To The Highest Serum Level Of Trans aminases?
A) Acute Hepatitis
B) Alcoholic Cirrhosis
C) Obstructive Biliary Disease
D) Diffuse Intrahepatic Cholestasis

Q156. A Patient With A Normal Blood Glucose And A Positive Urine Glucose Should Be Further Checked For:
A) Diabetes Mellitus
B) Renal Disease
C) Gestational Diabetes
D) Pancreatitis

Q157. The Normal Yellow Color Of Urine Is Produced By:
A) Bilirubin
B) Hemoglobin
C) Urobilinogen
D) Urochrome

Q158. You Have Received A Vaginal Swab That Was Not Kept In Transport Media And Was Dry
A) You Have To Accept The Sample For Culture
B) You Have To Reject The Sample
C)You Have To Accept The Sample With A Note Declares That Is An Old Sample

Q159. Gram Positive Cocci In Clusters With Positive Test For Coagulase
A) S. Pyogenes
B) S. Aureus
C) S. Epidermidis
D) S. Pneumoniae

Q160. The Heat Generated By The Pressure Is The Principle Of

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A) Oven
B) Autoclave
C) Pasteurization
D) Sterilization

Q161. Proficiency Testing Is Also Known As:
A) Blind Testing
B) External Quality Assessment
C) Daily Internal QC
D) Levey-Jennings Testing

Q162. In Proficiency Testing, Laboratories Receive:
A) Patient Samples Only
B) Control Materials With Unknown Values
C) Their Own Calibrators
D) Waste Samples

Q163. A Failure In Proficiency Testing Usually Requires:
A) Ignoring Results
B) Immediate Corrective Action
C) Continuing As Normal
D) Reporting To Patients

Q164. PT Results Are Compared With:
A) Manufacturer Values Only
B) Peer Group Or Reference Labs
C) Patient Averages
D) Hospital Management Values

Q165. Repeated PT Failure Can Lead To:
A) Staff Promotion
B) Loss Of Accreditation
C) Better QC Ranges
D) Faster Turnaround Times

Q166. When QC Fails, The First Step Is To:
A) Report Results Anyway
B) Stop Patient Testing
C) Call Accreditation Body
D) Replace All Reagents Immediately

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Q167. Which Of The Following Is A Common Laboratory Accreditation Organization?
A) ISO
B) OSHA
C) EPA
D) WHO

Q168. What Is The Purpose Of A "Quality Improvement Plan"?
A) To Document All Test Results
B) To Outline Strategies For Enhancing Laboratory Performance
C) To Reduce Staff Involvement
D) To Ignore Previous Mistakes

Q169. What Does "Cross-Contamination" Refer To In A Laboratory?
A) The Mixing Of Different Samples Unintentionally
B) The Sharing Of Equipment
C) The Use Of Outdated Methods
D) The Increase Of Test Volumes

Q170. Which Of The Following Is Essential For Effective Laboratory Communication?
A) Clear And Concise Documentation
B) Minimal Staff Meetings
C) Ignoring Feedback From Staff
D) Relying On Informal Channels

Q171. What Is The Role Of A "Quality Assurance Officer"?
A) To Perform All Laboratory Tests
B) To Oversee Compliance With Quality Standards
C) To Manage Patient Records
D) To Handle Financial Audits

Q172. What Does A "Risk Assessment" Evaluate In A Laboratory?
A) The Financial Performance Of The Lab
B) Potential Hazards And Their Impact On Operations
C) Employee Performance
D) The Number Of Tests Performed

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Q173. Which Of The Following Is A Common Type Of Laboratory Error?
A) Systematic Error
B) Human Error
C) Instrument Error
D) All Of The Above

Q174. What Does "Batch Testing" Imply?
A) Testing Samples One At A Time
B) Testing A Group Of Samples Together
C) Testing Samples At Different Times
D) Ignoring Sample Size

Q175. Which Of The Following Is Important For Maintaining Sample Integrity?
A) Using Appropriate Storage Conditions
B) Ignoring Expiration Dates
C) Mixing Different Sample Types
D) Reducing Testing Frequency

Q176. What Does The Acronym "QC" Stand For?
A) Quality Control
B) Quick Calibration
C) Quantitative Change
D) Quality Check

Q177. What Does "Inter-Laboratory Comparison" Aim To Achieve?
A) To Compare Financial Performance
B) To Evaluate And Improve Testing Accuracy Between Labs
C) To Increase Test Costs
D) To Reduce Staff Numbers

Q178. Which Of The Following Can Help Improve Laboratory Efficiency?
A) Implementing Automation
B) Reducing Staff Training
C) Ignoring Quality Control
D) Increasing Sample Size Without Checks

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Q179. What Is The Significance Of "Test Validation"?
A) To Ensure Reliability And Accuracy Of Test Results
B) To Increase Test Costs
C) To Reduce The Number Of Tests Performed
D) To Ignore Regulatory Guidelines

Q180. What Is The Purpose Of A "Workflow Diagram" In A Laboratory?
A) To Outline Financial Processes
B) To Visualize And Streamline Laboratory Processes
C) To Manage Employee Schedules
D) To Track Patient Feedback

Q181. What is the life span of RBC?
A) 120
B) 100
C) 200
D) 80

Q182. Blood cells are produced in
A) Kidney
B) Lungs
C) Bone marrow
D) Glands

Q183. What is the recommended cleaner for removing all oil from objective lens?
A) 70% Alcohol or lens cleaner
B) Xylene
C) Water
D) Benzene

Q184. By volume ,the red blood cells constitute about__% of whole blood.
A) 15
B) 25
C) 35
D) 45

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Q185. Serum differs from blood as it lacks
A) Antibodies
B) Clotting factors
C) Albumins
D) Globulins

Q186. Which constituent of blood fight against infections?
A) Red blood cells
B) White blood cells
C) Plasma
D) Platelets

Q187. Rh typing is based on the D-antigen present in:
A) Platelet
B) RBC
C) Lymphocyte
D) Eosinphils

Q188. The basic component of Leishman stain is:
A) Eosin
B) Methylene blue
C) Malachite green
D) None of above

Q189. CSF samples are collected by:
A) Lab tech
B) Staff nurse
C) Physician
D) Ward boy

Q190. Which of the following is usually not found in urine?
A) Magnesium
B) Urea
C) Uric acid
D) **Glucose**

Q191. A specific gravity of 1.005 would produce the reagent strip color:
A) Blue
B) Green
C) Yellow
D) Red

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Q192. Which one of the following is NOT a blood component?

A) Fresh frozen plasma
B) Hemolysate
C) Platelet concentrate
D) Plasma

Q193. What is the normal hemoglobin concentration in adult male?

A) 13-20g/dl
B) 13-17g/dl
C) 13-15g/dl
D) 11-15g/dl

Q194. Which one of the following is NOT the site selected for collection of the blood?

A) Spleen
B) Arteries
C) Capillaries
D) Veins

Q195. Cholesterol estimation is done by the following method:

A) Molisch method
B) Benedict's method
C) Zak's ferric chloride method
D) Jaffes method

Q196. What is the color of normal CSF?

A) Colorless
B) Yellow
C) Light green
D) Brown

Q197. Normal reticulocyte count in adults is_____.

A) 3-6%
B) 0.5-2.5%
C) 1-5%
D) 2-10%

Q198. Method of sterilization used for culture media is...

A) Autoclave
B) Hot air oven

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C) Pasteurization
D) None of the above

Q199. VDRL is used in the diagnosis of
A) Syphilis
B) HIV
C) Typhoid
D) Tuberculosis

Q200. Temperature range used for autoclaving is....
A) 100°C for 10min
B) 100°C for 30min
C) 121°C for 15min
D) 121°C for 30min

Q201. The coagulation factor not involved in intrinsic pathway of blood coagulation
A) Factor IX
B) Factor VII
C) Factor VIII
D) Factor XII

Q202. Basophilic stippling occurs in
A) Thalassemia
B) Megalo blastic anaemia
C) Lead poisoning
D) All of the above

Q203. Reducing agent used in sickling test
A) Potassium sulphate
B) Sodium metabisulphite
C) Sodium nitro preusside
D) Sodium Hypochlorite

Q204. Which of the following are used as prostatic marker
A) Acid phosphatase
B) Citric acid
C) Zinc
D) All of the above

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Q205. Reagent used for detection of ketone bodies by dipstick method

A) Sodium nitro ferri cyanide
B) Ferric chloride
C) Potassium iodide
D) Ortho-toluidine

Q206. Which of the following organisms are destroyed when CSF samples are refrigerated

A) S.Pneumoniae
B) N.Meningitidis
C) E.Coli
D) Salmonella typhi

Q207. Membrane stabilizer used in SAG-M blood bags

A) Mannitol
B) Dextrose
C) Adenine
D) Citric Acid

Q208. Which one of the following immunoglobulin crosses the placenta frequently

A) IgM
B) IgA
C) IgE
D) IgG

Q209. Microtome which is ideal for cutting sections of very large blocks of tissue

A) Sliding microtome
B) Sledge microtome
C) Rocking microtome
D) Rotary microtome

Q210. All are mercury containing fixatives except

A) Heiden hain susa
B) Zenker'sfluid
C) Helly's fluid
D) Gander's fluid

Q211. Best mounting media for fat stains

A) Apathy medium

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B) DPX
C) Glycerine jelly
D) Canada Balsam

Q212. All are true about frozen section except
A) Structural details may become distorted
B) Serial section scan be obtained
C) Polychrome methylene blue can be used for staining
D) Adhesive not required for unfixed tissue

Q213. All are true about sex chromatin except
A) Buccal mucosal scrapings from inside the cheek is obtained for sex chromatin study
B) The most reliable staining is hematoxylin and Eosin
C) Fixative used is equal parts of ether and alcohol
D) None of above

Q214. All are nuclear fixatives except
A) New comer's fluid
B) Clarke's fluid
C) Carnoy's fluid
D) **Champy's fluid**

Q215. "NAF" solution in cell block technique contain
A) Formaldehyde
B) Glycerin
C) Ethanol
D) Eosin

Q216. All are advantages of liquid based cytology except
A) Number of slides per patient are reduced
B) Improves the background of microscopy
C) Improves cell preservation
D) Cause drying of cells during preparation

Q217. In Karyotyping, shortest acrocentric chromosomes are seen in which group?
A) B-group
B) D-group
C) E-group
D) G-group

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Q218. V chromosome is a_____chromosome
A) Meta-centric
B) Sub-metacentric
C) Centric
D) **Acro-centric**

Q219. Which banding technique employs fluorescence for chromosomal studies
A) G-banding
B) Q-banding
C) C-banding
D) H-banding

Q220. Most commonly employed mitogen for chromosome preparation from whole blood culture
A) Phyto hem-agglutinin
B) Lipo polysaccharide
C) Concanavalin A
D) Pokeweed mitogen

Q221. Which of the following is a High level disinfectant?
A) 70% Ethyl alcohol
B) Hydrogen peroxide
C) Quaternary ammonium compound
D) Phenol

Q222. Who is known as the 'Father of Antiseptic surgery'?
A) Joseph Lister
B) Louis Pasteur
C) Edward Jenner
D) Robert Koch

Q223. Polymerase Chain Reaction (PCR) was developed by
A) Ernst Ruska
B) Rosalyn Yallow
C) Kary B Mullis
D) Karl Landsteiner

Q224. Which of the following is not a feature of Electron Microscope?
A) Viruses can be detected
B) The object appears bright against a dark background

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C) Intra cellular structures of bacteria can be seen
D) Electromagnet lens is used

Q225. Infectious plastic wastes should be segregated in which color bag?
A) White
B) Yellow
C) Blue
D) Red

Q226. Which of the following is an anaerobic medium
A) Thio glycollate broth
B) Selenite Fbroth
C) Bile broth
D) Tetra-thionate broth

Q227. Multiple ring forms are the characteristic feature of
A) P.vivax
B) P.falciparum
C) P.Ovale
D) P.malariae

Q228. An AIDS patient came to the outpatient department complaining loose stools. On acid fast staining, stool showed 4-6µm size oocyst. The most probable diagnosis is
A) Cryptococcus
B) Cyclospora
C) Cystoisospora
D) **Cryptosporidium**

Q229. Which of the following DO NOT float in saturated salt flotation technique of stool
A) Fertilised egg of round worm
B) Unfertilised egg of roundworm
C) Ovum of pinworm
D) Ovum of hook worm

Q230. Inverted fir tree appearing growth pattern in gelatin stabb culture is related to
A) B.anthracis
B) Y.pestis
C) P.aeruginosa

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D) B.cereus

Q231. Fried landers bacillus is
A) K.pneumoniae
B) M.tuberculosis
C) S.typhi
D) P.aeruginosa

Q232. Example of transport media is
A) McLeod's medium
B) DCA
C) Stuart's medium
D) Mac Conkeys medium

Q233. "Reynolds-Braude" phenomenon is related to
A) C.tropicalis
B) C.krusei
C) C.pseudotropicalis
D) **C.albicans**

Q234. Aflatoxin is produced by
A) Rhzopus
B) Aspergillus fumigatus
C) Aspergillus flavus
D) Histoplasma capsulatum

Q235. Infectious Hepatitis is
A) Type B Hepatitis
B) Type A Hepatitis
C) Type C Hepatitis
D) Type D Hepatitis

Q236. HIV belongs to the family
A) Herpesvirus
B) Flavivirus
C) Parvovirus
D) **Retrovirus**

Q237. Example of DNA virus is
A) Adenovirus
B) Retrovirus

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C) Coronavirus
D) Picornavirus

Q238. Which among the following is a contribution by Louis Pasteurian the field of microbiology?
A) Techniques of Pasteurization
B) Process of Fermentation
C) Rabies, cholera and anthrax vaccine
D) All the above

Q239. Mycobacterium leprae is also known as :
A) Golden bacilli
B) Koch's bacillus
C) Magical bacilli
D) Hansen's bacilli

Q240. Drug of choice to treat leprosy is:
A) Rifampicin
B) Acyclovir
C) Zidovudine
D) Dapsone

Q241. Mycobacterium tuberculosis is also known as:
A) A Golden bacilli
B) Koch's bacillus
C) Magical bacilli
D) Hansen's bacilli

Q242. Correct statement regarding microscope is :
A) Electrons are used as a source of illumination in Electron microscope
B) Antoine Van Leeuwenhoek developed microscope first time
C) Knoll & Ruska developed electron microscope
D) All the above

Q243. All of the following are acid-fast organisms EXCEPT:
A) Mycobacterium tuberculosis
B) Nocardia
C) Isospory belli
D) Staphylococcus

Q244. Bacterial structure involved in respiration is :

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A) Ribosome
B) Pili
C) Mesosome
D) Flagella

Q245. Identify correct statement regarding bacteria:
A) Respiration, cell division and sporulation are the functions of mesosome in bacteria
B) Capsule in bacteria enables adherence to surface and protection against phagocytosis
C) Heterotrophs are the bacteria that are unable to Synthesize their own food materials
D) All the above

Q246. Correct regarding cocci are :
A) Cocci are spherical shaped bacteria
B) Cocci present in chain is known as streptococci
C) Cocci present in the shape of grapes is known as staphylococci
D) All the above

Q247. Coma shaped bacteria are known as:
A) Staphylococci
B) Streptococci
C) Vibrio
D) Bacillus

Q248. Which of the following is most resistant to sterilization?
A) Tubercle bacilli
B) Viruses
C) Spores
D) Prions

Q249. Endoscope is sterilized by:
A) Glutaraldehyde
B) Formaldehyde
C) Autoclaving
D) Hot air oven

Q250. Recommended transport medium for stool specimen suspected a contain Vibrio Cholerae is:
A) Buffered glycerol saline medium

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B) Venkatraman-Ramakrishnan medium
C) Nutrient broth
D) Blood agar

Q251. Which is an enriched media?
A) Selenite F broth
B) Peptone water
C) MacConkey agar
D) Chocolate agar

Q252. Which of the following factor does not affect microbial growth?
A) Moisture
B) Disinfection
C) Darkness
D) Temperature

Q253. Agar concentration required to prepare nutrient agar is :
A) 1-2%
B) 4-6%
C) 0.25-0.5%
D) 0.5-1%

Q254. MRSA is mediated due to :
A) Plasmid
B) Chromosome
C) Transposons
D) All of above

Q255. All of the following are vector bone diseases except :
A) Malaria
B) Filariasis
C) Rubella
D) Chagas disease

Q256. Diagnostic test used for typhoid fever is:
A) A Blood cultures
B) Dick Test
C) Shick test
D) Widal test

Q257. Diagnostic test used for diphtheria is:

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A) A Blood cultures
B) Dick Test
C) Shick test
D) Widal test

Q258. Diagnostic test used for TB is:
A) Mantoux test
B) Dick Test
C) Shick test
D) Widal test

Q259. Diagnostic test used for scarlet fever is :
A) Mantoux test
B) Dick Test
C) Shick test
D) Widal test

Q260. Diagnostic test used for typhus fever is:
A) Mantoux test
B) Dick Test
C) Shick test
D) Widal test

Q261. Route of injecting shick test toxin/ purified protein derivative (mauntox test) is :
A) Intra vascular
B) Intra dermal
C) Intra muscular
D) Subcutaneous

Q262. Site for injecting shick test toxin/ purified protein derivative (mauntox test) is :
A) Right upper arm
B) Left upper arm
C) Left forearm
D) Right forearm

Q263. Most accurate method of diagnosis of Helicobacter pylori is:
A) Culture
B) Biopsy urease test
C) Histopathology

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D) **Urea breath test**

Q264. All of the following viruses are transmitted by respiratory route except
A) Influenza virus
B) Rota virus
C) Respiratory syncytial virus
D) Rhinovirus

Q265. Acid fast staining is used to detect:
A) Mycobacterium TB
B) Tetani
C) HIV/AIDS
D) Meningococci

Q266. During the window period of patient with AIDS, best diagnostic test is :
A) ELISA
B) Western Blot
C) Rapid test
D) RT-PCR

Q267. Best indicator of HIV prognosis :
A) CD4 T-cell count
B) CD8 T-cell count
C) HIV RNA
D) ELIS

Q268. Most effective mode of transmission of HIV:
A) Sexual
B) Blood product
C) Needle/syringe
D) Mother of fetus

Q269. Most common malignancy in AIDS is:
A) Kaposi sarcoma
B) B-cell lymphoma
C) Leukemia
D) Burkitt's lymphoma

Q270. Food poison is caused by :
A) A Clostridium perfringens

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B) Clostridium botulism
C) Corynebacterium diphtherae
D) Clostridium tetani

Q271. Which of the following is used for sterilization of endoscopes and bronchoscopes?
A) Gluteraldehyde
B) Ethanol
C) Methanol
D) Ethylene oxide

Q272. Method of sterilization used for culture media is:
A) Autoclave
B) Hot air oven
C) Pasteurization
D) None of the above

Q273. Which of the following is LIVE ATTENUATED VACCINE?
A) BCG vaccine
B) Rabies vaccine
C) Diphtheria toxoid
D) Tetanustoxoid

Q274. Which of the following single dose is sufficient for immunization:
A) Live attenuated vaccine
B) Killed vaccine
C) Taxoids
D) None of the above

Q275. The method of killing of all microorganisms including their spores is known as:
A) Sterilization
B) Disinfection
C) Incineration
D) Lysis

Q276. The method of reducing the number of pathogens from any article, surface or medium is called as:
A) Sterilization
B) Disinfection
C) Incineration
D) Lysis

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Q277. The causative agent of Tuberculosis (TB) is:
A) Mycobacterium tuberculosis
B) Mycobacterium leprae
C) Treponemapallidum
D) Borrelia species

Q278. The causative agent of Syphilis is :
A) Mycobacterium tuberculosis
B) Mycobacterium leprae
C) Treponemapallidum
D) Borrelia species

Q279. VDRL test is used for the diagnosis of :
A) Syphilis
B) Tuberculosis
C) Pneumonia
D) AIDS

Q280. Which of the following is moist heat method of sterilization?
A) Boiling
B) Autoclaving
C) Hot air oven
D) Both A & B

Q281. Temperature range used for autoclaving is :
A) 100°C for 10 min
B) 100°C for 30 min
C) 121°C for 15 min
D) 121°C for 30 min

Q282. ELISA is used for the diagnosis of :
A) AIDS
B) Night blindness
C) Sickle cell anemia
D) All of the above

Q283. Name the first organic acid produced by microbial fermentation:
A) Acetic acid
B) Lactic acid
C) Butyric acid

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D) None of the above

Q284. The most common viral cause of gastroenteritis:
A) Rotavirus
B) Norwalk virus
C) Adenovinis
D) Hepadnavirus

Q285. All are true about SARS EXCEPT:
A) Epidemic is seen in India
B) Spreads by droplet
C) Diagnosed by PCR
D) Caused by a type of Coronavirus

Q286. Perinatal Hepatitis B transmission is maximum in :
A) 1 trimester
B) 2 trimester
C) 3 trimester
D) During delivery

Q287. Name the first organic acid produced by microbial fermentation:
A) Acetic acid
B) Lactic acid
C) Butyric acid
D) None of the above

Q288. Which Hepatitis virus is associated with highest mortality in pregnancy?
A) Hepatitis A
B) Hepatitis B
C) Hepatitis C
D) Hepatitis E

Q289. Hepatitis virus that spreads by fecal-oral route:
A) Hepatitis A
B) Hepatitis B
C) Hepatitis C
D) Hepatitis D

Q290. Acute hepatitis B infection is best diagnosed by:

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A) HBsAg
B) HBeAg
C) IgM Anti HBc antibody
D) HBcAg

Q291. Hand rub should not be used in which condition?
A) Before touching patient
B) After touching patient
C) After touching patient's surrounding
D) Hands are visibly soiled

Q292. Which antibody crosses placenta?
A) IgA
B) IgG
C) IgE
D) IgM

Q293. Type I hypersensitivity is mediated by which of the following immunoglobulins:
A) IgA
B) IgG
C) IgM
D) IgE

Q294. Wheal and flare is which type of hypersensitivity reaction?
A) Type I
B) Type II
C) Type IV
D) Type V

Q295. Type I hypersensitivity includes all of the following except:
A) Autoimmune hemolytic anemia
B) Anaphylaxis
C) Extrinsic asthma
D) Hay fever

Q296. A positive tuberculin test is an example of:
A) Type I hypersensitivity
B) Type Il hypersensitivity
C) Type IlI hypersensitivity
D) Type IV hypersensitivity

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Q297. Application of skin graft for the second time from the same donor will result in:
A) First set rejection
B) Second set rejection
C) Both
D) None

Q298. Transplantation between members with same genetic constitution is known as:
A) Autograft
B) Isograft
C) Allograft
D) Xenograft

Q299. All of the following are live-attenuated vaccines except:
A) MMR
B) Yellow fever 17D vaccine
C) Salk polio vaccine
D) Sabin polio vaccine

Q300. Amphitrichous flagella means:
A) Flagella all-round the cell
B) Flagella at both ends
C) Flagella at one end
D) Flagella in tufts

Q301. When Flagella is present all around the cell it is called:
A) Amphitrichous
B) Monotrichous
C) Peritrichous
D) Lopotrichous

Q302. India ink is used to demonstrate the following part of bacteria:
A) Cell wall
B) Nucleus
C) Capsule
D) Flagella

Q303. Reflected light is used in:
A) Light microscope

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B) Phase contrast microscope
C) Darkfield microscope
D) Electron microscope

Q304. Bacteria that grow between 25°C to 40°C are:
A) Capnophilic
B) Psychrophilic
C) Thermophilic
D) Mesophilic

Q305. Shape of cocci:
A) Rod
B) Spherical
C) Comma
D) Spiral

Q306. Best way of sterilizing disposable plastic syringes is:
A) UV rays
B) Autoclave
C) Gamma rays
D) Hot air oven

Q307. The most suitable disinfectant for decontamination of HIV contaminated endoscope is :
A) 1% sodium hypochlorite
B) 2% glutaraldehyde
C) 5% phenol
D) 70% ethanol

Q308. Flexible fiber optic endoscopes are sterilized by:
A) Autoclave
B) Cetrimide
C) 2% glutaraldehyde
D) Gamma-radiation

Q309. Which of the following organism can survive pasteurization by Holder method?
A) Mycobacterium
B) Brucella
C) Coxiella burnetii
D) Salmonella

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Q310. Temperature and duration for flash process of Pasteurization:
A) 77°C for 20 seconds
B) 100°C for 20 seconds
C) 63°C for 20 seconds
D) 63C for 30 minutes

Q311. Sterilization of heat labile media is done by:
A) Filtration
B) Pasteurization
C) Autoclaving
D) Tyndalization

Q312. Immunoglobulin that is inactivated at high temperature:
A) IgG
B) IgA
C) IgM
D) IgE

Q313. Immunoglobulins are :
A) Glycolipids
B) Glycoproteins
C) Polypeptides
D) Proteoglycans

Q314. Exotoxins are usually :
A) Protein
B) Heat labile
C) More antigenic
D) Non-enzymatic

Q314. The function of an adjuvant in a vaccine is to enhance its:
A) Distribution
B) Immunogenicity
C) Absorption
D) Shelf life

Q315. The Immunity resulting in the infant, as a result of immunization of a pregnant woman with tetanus to sold is called:
A) Innate immunity
B) Natural active immunity

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C) Artificial active immunity
D) Natural passive immunity

Q316. Anti-D given to a Rh negative pregnant woman with Rh-positive fetus, before delivery is an example of:
A) Artificial active immunity
B) Artificial passive immunity
C) Natural passive immunity
D) Adoptive immunity

Q317. Gram-positive bacteria is which is usually sensitive to penicillin is:
A) Staphylococcus aureus
B) Enterococcus faecalis
C) Streptococcus pyogenes
D) Staphylococcus epidermidis

Q318. Streptococci causing neonatal meningitis :
A) Group-A
B) Group-B
C) Group-C
D) Group-D

Q319. Which of the following gram positive bacteria is responsible for food poisoning ?
A) Mycoplasmas
B) Pseudomonas
C) Clostridia
D) All of the above

Q320. Methicillin resistance bacteria are:
A) Streptococci
B) Pseudomonas
C) Haemophilus
D) Staphylococci

Q321. The organism causing UTI in sexually active women:
A) Staphylococcus aureus
B) Staphylococcus epidermidis
C) Staphylococcus saprophyticus
D) Streptococcus viridians

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Q322. Antibiotic used in Toxic shock syndrome :

A) Vancomycin
B) Cephalosporin
C) Streptomycin
D) Clindamycin

Q323. Grave's disease belongs to:

A) Type I hypersensitivity
B) Type Il hypersensitivity
C) Type III hypersensitivity
D) Type IV hypersensitivity

Q324. Type of hypersensitivity involved in Rh incompatibility:

A) Type I hypersensitivity
B) Type Il hypersensitivity
C) Type III hypersensitivity
D) Type IV hypersensitivity

Q325. Example of cell mediated hypersensitivity:

A) Transfusion reactions
B) Arthus reactions
C) Type Il lepra reaction
D) Tuberculin test

Q326. Tuberculin test is an example of:

A) Type I hypersensitivity
B) Type Il hypersensitivity
C) Type III hypersensitivity
D) Type IV hypersensitivity

Q327. Organism that has considerable resistance to antiseptics disinfectants and antibiotics:

A) E.coli
B) Pseudomonas
C) Staphylococci
D) Streptococci

Q328. Endocarditis in a patient with colon cancer is caused by:

A) Staphylococcus epidermidis
B) Streptococcus bovis

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C) Streptococcus sanguis
D) Streptococcus mutans

Q329. Which is a lactose fermenter?
A) Pseudomonas
B) Salmonella
C) Klebsiella
D) Shigella

Q330. Rice water stool is associated with?
A) Cholera
B) Bacillary dysentery
C) Salmonella infection
D) Pseudomembranous colitis

Q331. Bacteria associated with dental caries :
A) Streptococcus mutans
B) Streptococcus pyogenes
C) Streptococcus faecalis
D) Streptococcus agalactiae

Q332. Dose of human tetanus Ig for post exposure prophylaxis:
A) 250-500 units
B) 500-750 units
C) 750-1000 units
D) 1000-1200 units

Q333. Most important cause of traveler's diarrhea is:
A) Enterotoxigenic Escherichia coli
B) Enteroinvasive E.coli
C) Enterohemorrhagic E.coli
D) Enteropathogenic E.coli

Q334. Smallest virus is:
A) Pox virus
B) Herpes virus
C) Parvo virus
D) Adeno virus

Q335. Incubation period of measles:

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A) 1-2 days
B) 3-6 days
C) 1-7 days
D) 9 - 11 days

Q336. Dengue is caused by:
A) Alphavirus
B) Bunyavirus
C) Flavivirus
D) Hantavirus

Q337. Yellow fever is caused by:
A) Flavivirus
B) Alphavirus
C) Calcivirus
D) Bunyavirus

Q338. Infective period of Aedes mosquitoes in dengue:
A) 1-2 days
B) 10 days
C) Till next bite
D) Till death

Q339. Scrub typhus is transmitted by:
A) A Louse
B) Trombiculid mite
C) Rat fles
D) Soft tick

Q340. Tinea pedis is caused by:
A) E floccosum
B) T rubrum
C) Microsporum
D) T schoenleinii

Q341. Tenia pedia is seen among:
A) People of cold countries
B) Those wearing socks and shoes
C) Those walking barefoot

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D) Hospitalized people

Q342. Chances of perinatal HIV infection to the baby:
A) 0.5-1%
B) 30%
C) 50%
D) 90%

Q343. VDRL is used in the diagnosis of:
A) Syphilis
B) HIV
C) Typhoid
D) Tuberculosis

Q344. Incubation period for primary syphilis:
A) 1-2 days
B) 1-2 weeks
C) 1 month
D) 3 months

Q345. Jarisch-Harxheimer reaction is common in:
A) Congenital syphilis
B) Primary syphilis
C) Secondary syphilis
D) Tertiary syphilis

Q346. Lyme disease is caused by:
A) Borrelia vincenti
B) Borrelia burgdoferi
C) Borrelia recurrentis
D) Leptospira interrogans

Q347. Which one of the following agent can be used to malaria?
A) Chloroquine
B) Albendazole
C) Attenuated vaccine
D) Chloramphenice

Q348. Range of incubation period in typhoid:

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A) 3 - 21 days
B) 10 - 30 Day
C) 1 - 3 months
D) 3 - 6 months

Q349. Route of administration of influenza vaccine:
A) Intradermal
B) Subcutaneous
C) Per oral
D) Intranasal

Q350. Incubation period for influenza pandemic H1N1:
A) 12 - 24 hours
B) 1 - 3 days
C) 1 - 7 days
D) 5 - 10 day

Q351. Incubation period of mumps:
A) 1-7 days
B) 7-14 days
C) 12-24 days
D) 21-28 days

Q352. Who discovered Oral polio vaccine which is used now-a-das:
A) Kaprowsky
B) CoX
C) Salk
D) Sabin

Q353. Usual dose of purified protein derivative in Mantoux testis:
A) 5 IU
B) 50 IU
C) 100 IU
D) 500IU

Q354. Corneal beading is a complication of :
A) Leprosy
B) AIDS
C) Herpes simplex keratitis
D) Acanthamoeba keratitis

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Q355. Most common site of extra thoracic TB in children:

A) A Lymph node
B) Skeleton
C) Central nervous system
D) Heart

Q356. Mantoux + ve is induration measuring:

A) 10 mm
B) 6-9 mm
C) <5 mm
D) >20 mm

Q357. The botulism intoxication occurs due to:

A) An endotoxin
B) An exotoxin
C) Neurotoxin
D) Mycotoxin

Q358. Aorta arises from :

A) Right atrium
B) Left atrium
C) Right ventricle
D) Left ventricle

Q359. The protein portion of the enzyme is :

A) Apoenzyme
B) Prosthetic group
C) Co-factor
D) Coenzyme

Q360. Which of the following cells is not a WBC ?

A) Neutrophil
B) Basophil
C) Monocyte
D) Thrombocyte

Q361. The coloring agent used in antisera AB is :

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A) Methylene blue
B) Acriflavin
C) Eosin
D) Safranin

Q362. Name the anticoagulant present in purple colored vacationer tube :

A) Heparin
B) EDTA
C) Sodium citrate
D) None of these

Q363. pH of buffered distilled water used in Leishman's staining is :

A) 6.8
B) 7.2
C) 7.4
D) 8.0

Q364. Blood collected in CPD-A can be stored in blood bank refrigerator for _____ days

A) 35
B) 28
C) 21
D) 25

Q365. HDN due to Rh incompatibility can be prevented by giving anti-D antibody to Rh negative mother within hours of delivery of Rh positive infant :

A) 48 hrs
B) 72 hrs
C) 24 hrs
D) 36 hrs

Q366. Which of the following is not an RBC diluting fluid ?

A) Normal saline
B) Dacies fluid

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C) Turkes fluid
D) Toissons fluid

Q367. During donor screening persons having history of malaria should be avoided for a period of years :

A) 1 week
B) 2 years
C) 1 year
D) 3 years

Q368. Bombay blood group persons have_____antigen in their blood :

A) A Ag
B) B Ag
C) h Ag
D) H Ag

Q369. Depth of improved neubauer counting chamber is:
A) **0.1 mm**
B) 0.01 mm
C) 0.02 mm
D) 1.1 mm

Q370. Name the enzyme estimation done in semen sample to analyse the secretory function of prostate:

A) Alanine transaminase
B) Asparte transaminase
C) Acid phosphatase
D) Alkaline phosphatase

Q371. The only cell in normal CSF is :

A) Neutrophil
B) Lymphocyte
C) Manocyte
D) None of these

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Q372. The lipoprotein sub-fraction associated with the term "good" cholesterol is:
A) Very low density lipoprotein (VLDL)
B) Low density lipoprotein (LDL)
C) High density lipoprotein (HDL)
D) Pre beta lipoprotein (PBL)

Q373. All of these: hand gloves, eye goggles, hand sanitizers, Laboratory coat, face mask are referred to as:
A) Personal Protective Agents
B) Personal Protective Barriers
C) Personal protective Devices
D) Personal Protective Equipment

Q374. Which of these is true of B-lymphocytes?
A) They are all short –lived
B) They secrete surface immunoglobulin
C) They are both helper and killer cells
D) They are similar to lymphocytes in infectious mononucleosis

Q375. Ova of parasite Trichuristrichiura has which of type characteristic appearance under the microscope?
A) Round shape
B) Oval shape
C) Spherical shape
D) **Barrel shape**

Q376. A 25-year-old patient presents with pallor, severe fatigue, and a red shiny tongue, The Lab results show:
MCV ↑ (macrocytic)
Hb ↓
Reticulocyte count ↓
Hypersegmented neutrophils What is **the most likely** diagnosis?
A) Iron deficiency anemia
B) Sickle cell anemia
C) **Vitamin B12 deficiency anemia**
D) Anemia of chronic disease

Q377. A 60-year-old man has splenomegaly and WBC: 120,000/µL with myelocytes and basophilia, Peripheral smear shows: left-shifted granulopoiesis, Philadelphia chromosome is positive.

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Diagnosis is?
A) Acute myeloid leukemia
B) **Chronic myeloid leukemia (CML)**
C) Chronic lymphocytic leukemia (CLL)
D) Polycythemia vera

Q378. A 5-year-old boy with recurrent infections, gum bleeding.
Labs:
Hb: 6.5 g/dL
WBC: 1,200/µL
Platelets: 40,000/µL
Bone marrow: hypocellular
Most likely condition is?
A) **Aplastic anemia**
B) Acute lymphoblastic leukemia
C) ITP
D) DIC

Q379. A 45-year-old diabetic with high blood glucose, Lab results are :
Plasma glucose: 700 mg/dL
Serum osmolality: 340 mOsm/kg
pH: 7.35
Ketones: negative
Diagnosis is ?
A) Diabetic ketoacidosis
B) **Hyperosmolar Hyperglycemic State (HHS)**
C) Hypoglycemia
D) Lactic acidosis

Q380. A patient has prolonged bleeding after minor surgery, Lab results shows:
PT: prolonged
aPTT: prolonged
Platelets: normal
Fibrinogen: ↓
D-dimer: ↑↑
Most likely diagnosis is
A) Hemophilia A
B) Von Willebrand disease
C) **DIC**

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D) Liver disease

Q381. A newborn has jaundice on day 2 of life, Lab results shows :
Total bilirubin: 18 mg/dL
Direct bilirubin: normal
Coombs test: positive
Most likely cause is?
A) Physiological jaundice
B) **Hemolytic disease of the newborn (HDN)**
C) Biliary atresia
D) Neonatal sepsis

Q382. A patient's Hb electrophoresis shows: HbS 80%, HbA 0%, HbF 15%.
Most likely diagnosis?
A) Beta-thalassemia trait
B) **Sickle cell disease**
C) Sickle cell trait
D) Iron deficiency anemia

Q383. A potassium result is reported as 7.2 mmol/L. The patient is asymptomatic, ECG is normal. Serum sample shows hemolysis.
What type of error is this?
A) **Pre-analytical error**
B) Analytical error
C) Post-analytical error
D) Random error

Q384. A blood sample for glucose was collected but left at room temperature for 4 hours before analysis.
Result: falsely low glucose. What caused the error?
A) **Glycolysis by RBCs**
B) Instrument calibration error
C) Wrong reference interval
D) Data entry mistake

Q385. The analyzer calibration was missed for 2 weeks, and all potassium results were reported falsely high.
This is an example of:
A) Pre-analytical systematic error
B) **Analytical systematic error**

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C) Random error
D) Post-analytical error

Q386. The lab reports HbA1c = **5.2%** (normal), but the patient is a known diabetic with Hb = 6.0 g/dL.
What explains the error?
A) Iron deficiency anemia
B) Hemoglobinopathy (shortened RBC lifespan)
C) Hyperbilirubinemia interference
D) Data transcription error

Q387. Which of the following best defines **accuracy** in laboratory QC?
A) Ability to get the same result repeatedly
B) Closeness of measured value to the true value
C) Ability of a test to detect disease
D) Minimization of random error

Q388. Precision in laboratory testing refers to:
A) Correctness compared to the reference value
B) Reproducibility of repeated measurements
C) Elimination of systematic error
D) Comparison between two methods

Q389. Coefficient of Variation (CV%) is used to measure:
A) Accuracy
B) **Precision**
C) Sensitivity
D) Specificity

Q390. If a laboratory runs two levels of QC daily, how many results must fall within acceptable limits to release patient results under CLIA?
A) **Both levels**
B) Only one level
C) At least 3 out of 4 days
D) Only high control

Q391. Which of the following does not belong to internal QC?
A) Running control samples daily
B) Monitoring with Levey-Jennings charts

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C) Westgard multi-rules
D) **Proficiency testing**

Q392. Standard Deviation Index (SDI) is used in external QC to measure:
A) Precision within lab
B) Difference from peer group mean
C) Instrument linearity
D) Calibration frequency

Q393. The primary ISO standard specifically designed for medical laboratories is:
A) ISO 9001
B) ISO/IEC 17025
C) ISO 15189
D) ISO 13485

Q394. Which of the following is the main focus of ISO 15189?
A) Product manufacturing
B) Quality management + technical competence in labs
C) Calibration of industrial equipment
D) Safety in chemical industries

Q395. ISO 9001 applies mainly to:
A) Quality management systems in general industries
B) Medical device manufacturing
C) Clinical laboratory results validation
D) Calibration of measuring instruments

Q396. ISO/IEC 17025 is mainly concerned with:
A) Clinical diagnostics
B) Competence of testing and calibration laboratories
C) Patient safety in hospitals
D) Management of blood banks

Q397. One of the unique features of ISO 15189 compared to ISO 9001 is:
A) Technical competence requirements for lab staff
B) Customer satisfaction surveys
C) Industrial equipment testing
D) Financial auditing

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Q398. Which of the following is part of the pre-analytical phase in ISO 15189?
A) Result interpretation
B) Sample collection and transport
C) Internal quality control
D) External quality assessment

Q399. In ISO 15189, traceability refers to:
A) Tracking financial transactions
B) Linking measurements to national or international reference standards
C) Recording patient complaints
D) Following equipment manuals

Q400. Which document defines the scope of accreditation under ISO 15189?
A) Laboratory Quality Manual
B) Patient report
C) Equipment logbook
D) External audit checklist

Q401. Management review meetings in ISO 15189 must be conducted:
A) Daily
B) Weekly
C) At defined regular intervals (usually annually)
D) Only after incidents

Q402. Which is a requirement for document control in ISO 15189?
A) Uncontrolled copies are encouraged
B) Obsolete versions must be removed from use
C) Staff can use any document version
D) SOPs never expire

Q403. In ISO 15189, internal audits are required to:
A) Replace external accreditation audits
B) Verify compliance with quality system requirements
C) Reduce financial costs
D) Train new staff only

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Q404. Corrective action in ISO 15189 is defined as:
A) Action taken to fix equipment failure temporarily
B) Action taken to eliminate the cause of non-conformity
C) Action taken to improve beyond requirements
D) Action taken to prevent possible errors

Q405. Preventive action in ISO terminology means:
A) Fixing a non-conformity
B) Anticipating and eliminating potential non-conformities
C) Waiting until error occurs before acting
D) Ignoring minor mistakes

Q406. Which of the following is a key technical requirement in ISO 15189?
A) Staff recruitment policy
B) Equipment calibration and maintenance
C) Customer satisfaction survey
D) Financial budget planning

Q407. Participation in External Quality Assessment (EQA/PT) is required in ISO 15189 to:
A) Improve financial management
B) Compare lab performance with peer laboratories
C) Replace internal QC
D) Satisfy insurance companies

Q408. In ISO 15189, the term uncertainty of measurement refers to:
A) Probability of clerical error
B) Range within which the true value is expected to lie
C) Patient safety risk
D) Variation between hospitals

Q409. ISO 15189 requires that laboratory results are:
A) Reported only verbally
B) Confidential, timely, and accurate
C) Shared on social media for transparency
D) Printed only on colored paper

Q409. ISO accreditation for medical labs is usually granted by:
A) World Health Organization (WHO)
B) National Accreditation Body (e.g., CAP, UKAS, NABL)

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C) Hospital management board
D) Local government clinic

Q410. When a laboratory changes reagent lots, ISO 15189 requires:
A) Documentation and validation of lot-to-lot consistency
B) Immediate reporting to ISO committee
C) Financial approval
D) No action needed

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